

Iowa Retirement Investors' Club (RIC) 457/401a Plans

Look *forward* to retirement!

Heartland AEA RIC Account Form



Personal Information	Name Social Security #							
	Address					StateZip		
457 Payroll Deduction	Birth Date	Telephone (day	time)	Te	lephone (ho	ome)		
	Designate the deduction amount to send to your provider. The combined amount of all 457 contributions in a tax year is limited to the IRS annually declared maximum contribution limits.				Effective date. Deduction changes will take effect the month after your request is received. You may elect a future date or specify a single check below.			
	Pretax		Roth (post-tax)			Future effective date (if desired)		
	AIG (Formerly VALIC)	\$ /ch	eck \$	/check		☐ Begin as of		_ (check date)
	Empower*	\$ /ch	eck \$	/check		☐ 1 check only		_ (check date)
	Horace Mann	\$ /ch	eck \$	/check				
	Voya	\$ /ch	eck \$	/check				
Provider Changes	Designate the amount of existing assets to transfer. You must have established an account with the receiving provider to complete a transfer.				Designate the redirection of future contributions. You must have established an account with the receiving provider.			
	Please transfer:	Please transfer: From:		To: Stop		ributions to:	Redirect contributions to:	
	□ 100%	☐ AIG	☐ AIG		☐ AIG		☐ AIG	
	\$	☐ Empower*	☐ Empower	*	Empo	wer*	☐ Empower*	
		☐ Horace Mar	nn Horace M	lann	☐ Horace	e Mann	☐ Horace Mann	
		☐ Voya	— ′		☐ Voya		☐ Voya	
Participant Signature	I authorize my employer to direct my contributions and make payroll deductions as indicated above. I understand and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC). I have access to a RIC At-A-Glance and Plan Document. I have established 457 and 401a accounts with one of the RIC providers. I understand that withdrawals may only be made upon termination of employment or qualification for an inservice distribution. I understand that the total of all 457 contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 457b.							
	X							
Form	New Accounts:		Provider account forms: Forward to the RIC Account Form: Forward to you			provider ur payroll office		
Submission	Changes to Existing Accounts:		Forward this form to your payroll office (shown below)					
Agent Use Only (Not required for existing accounts or online provider enrollment, if available)								
I am authorized to open accounts for this employee and verify that he/she has established 457/401a accounts with the provider shown below.								
Print Agent Name	Agent Signature		Agent Phone Numb		umber	mber Provider Name		Date
Payroll Office	Date Received:		Paycheck Effective Date:			Name:		
RIC Use Only	Date Pended:		Entered:			Checked:		

plan options specific to the Iowa RIC 457/401a plans.

* Empower – formerly MassMutual Retirement

Heartland AEA 11

6500 Corporate Drive ■ Johnston, IA 50131 ■ (515) 270-9030 ■ (800) 362-2720



Visit the RIC website at https://das.iowa.gov/RIC to access the RIC At-A-Glance (under *Providers & Investments*), IRS maximum contribution limits, and other